



KENTUCKY BOARD OF LICENSURE FOR MASSAGE THERAPY

P.O. Box 1360, Frankfort, Kentucky 40602
911 Leawood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 564-3296 ~ Fax: (502) 564-4818 ~ <http://bmt.ky.gov>

Form Revision Date:

2/2013

Fee Received:

APPLICATION FOR RENEWAL OF ACTIVE LICENSE

INSTRUCTIONS

- Refer to KRS 309.357 (3) (4) (5) (6) and KRS 309.361; 201 KAR 42:040
- Type or print the information legibly and completed in its entirety.
- List each business phone number and business addresses where you practice massage therapy.
- Attach continuation sheets if more space is needed to provide information.
- Submit a list of continuing education coursework, showing a minimum of 24 hours taken within the renewal period.
- Clearly identify completion of three (3) hours of continuing education in ethics.
- For late renewals attach documentation of continuing education coursework.
- Enclose the *non-refundable* appropriate renewal fee. All fees paid by check or money order must be made payable to **Kentucky State Treasurer**. DO NOT SEND CASH.
- Mail your application to *the Kentucky Board of Licensure for Massage Therapy either by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leawood Dr., Frankfort, KY 40601.*
- **You shall not practice beyond your expiration date until your license renewal has been approved by the Board.**

REQUIRED APPLICATION INFORMATION

Last Name		First Name		Middle Initial	Maiden Name
Home Address: Street		City	County	State	Zip Code
Phone number					
Business Name					
Business Address: Street		City	State	Zip Code	Phone number
() -	-	/	/		
Primary Phone Number	Social Security Number	Date of Birth	Email Address		

Date of Expiration of Current License _____

Type of Renewal

- ☐ Submitted on or before the renewal date fee: \$100.00
- ☐ 1-60 days past the renewal date fee: \$150.00
- ☐ 61-90 days past the renewal date fee: \$200.00
- ☐ **Beyond 90 days, new application required**

- ☐ Yes ☐ No Have you ever been convicted of a misdemeanor or violation? **If yes, attach an explanation and official court documentation. Minor traffic violations do not require official documentation.**
- ☐ Yes ☐ No Have you ever been convicted of a felony, including a plea of nolo contendere, a guilty plea or entry into a diversionary agreement? **If yes, attach an explanation and official court documentation showing the disposition of your case.**
- ☐ Yes ☐ No Have you ever been subjected to disciplinary action, including voluntary relinquishment, by a state or local government licensure board, NCBTMB, or a professional association of massage therapy? **If yes, attach an explanation and supporting documentation.**
- ☐ Yes ☐ No Have you ever defaulted on the repayment obligation of financial aid programs administered by the Kentucky Higher Education Assistance Authority (KHEAA) per KRS 164.772?

INSTRUCTIONS: In the table below, list all requested information for the courses you completed in the two years preceding your current renewal date. Incomplete information will be returned. You are required to obtain 24 hours of continuing education during your renewal period. All hours shall be related to the field of massage therapy and 3 of those hours must be in the study of ethics. Enter the total hours earned on the line indicated. Add an additional page if necessary.

Audited and late renewal applications only: Attach *copies* of the documentation of your coursework.

Carry-over Hours: List carryover coursework separately in the section provided. Up to 12 hours of continuing education hours may be “carried over” from the previous renewal period. However, hours earned in a single course *may not* be split between renewal periods.

Ethics Course Name & Number	Provider Name/Number	Provider Phone Number	Date/s of Completion	Hours Earned
Course Name & Number	Provider Name/Number	Provider Phone Number	Date/s of Completion	Hours Earned
Carryover* Course Name & Number (if used)	Provider Name/Number	Provider Phone Number	Date/s of Completion	Hours Earned

*Up to 12 hours of continuing education hours may be “carried over” from the previous renewal period. However, hours earned in a single course may not be split between renewal periods.

TOTAL CE HOURS APPLIED TO THIS RENEWAL PERIOD

APPLICANT AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any misrepresentation or falsification on this application, the Kentucky Board of Licensure for Massage Therapy could deny or revoke my license.

Applicant Signature

Date